

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE Commonwealth of Puerto RicoMethods and Standards for Establishing Payment Rates for each of the other Types of Care or Services

- 1a. Outpatient hospital services: Reasonable cost as specified in federal Reg. 250.30 (B) (3) (ii). There is an all-inclusive rate for services provided in governmental medical installations including contract facilities.

1b. Rural Health Clinics:

"Provider clinics" will be reimbursed on the basis of the principles specified in the Medicare regulations located at 42-CFR-405 Part D.

"Non-provider clinics" will be paid for each ambulatory service, other than rural health clinic services, at rates or charges established by the State, subject to the upper limits specific in 42-CFR-447.321. Rural health clinic services will be paid at the Medicare reimbursement rate per visit, as specified in 42-CFR-405-2426, - 405-2429.

c. Federally Qualified Health Care Centers

-These will be reimbursed based upon the principles specified in the Medicare regulations at 42 CFR 405.

2. Other laboratory and X-ray services-

Reimbursement on basis of an all-inclusive out-patient hospital or clinic rates.

3. Skilled nursing home services-

Limited to services provided in public facilities.  
No FFP presently claimed for these services.

4. Physicians' Services

- a) Physicians and other practitioners on salary in clinics and other organized systems-Actual cost included in the clinic fee.
- b) Private practitioners: will be paid according to a standard fee regulated by the Secretary of Health.

5. Dental Services-

Limited to services provided in public facilities including contract facilities. Reimbursement as part of an all inclusive out-patient hospital or clinic rate.

6. Prescribed drugs and medical supplies-

90-2

SEP 07 1990

84-3

APR 01 1990

Reimbursement on basis of an all inclusive out-patient hospital or clinic rate.

7. Clinic Services

Reasonable cost as specified in Federal Reg. 250.30 (B) (3) (ii).  
There is an all inclusive rate for services provided in governmental medical installations including contract facilities.

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## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: COMMONWEALTH OF PUERTO RICO

Payment Rates for Obstetrical and Pediatric Services are in accord with Section 6402 of the Omnibus Budget Reconciliation Act of 1989. (P.L. 101-239)

All Medicaid services are furnished through public facilities, and all public facilities furnish services. There are no true fee-for service payment rates. However, obstetrical and pediatric services (furnished through the public system) are available to Medicaid recipients to the same extent that they are available to the general population.

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8. Family Planning Services-

No reimbursement with FFP

9. Early and Periodic Screening, Diagnosis, and Treatment of Conditions Found-

Reimbursement either as out-patient clinic or inpatient hospital services on the basis of an all inclusive rate, except for screening services for which no FFP is presently claimed.

11. Transportation

Ambulance provided and reimbursed as part of all inclusive rate.  
Other, provided but not reimbursed with FFP.

12. Home Health Services-

No reimbursement with FFP.

13a. Physical Therapy and related services

Limited to services provided in certain public facilities including contract facilities.

Reimbursement on basis of all inclusive outpatient or clinic rate.

13b. Occupational therapy

Limited to services provided in certain public facilities including contract facilities.

Reimbursement on the basis of all inclusive outpatient or clinic rate.

13c. Speech, hearing, and related services-

Limited to services provided in certain public facilities including contract facilities.

Reimbursement on the basis of an all inclusive outpatient or clinic rate.

14. Other diagnostic, etc.-

Limited to services provided in public facilities including contract facilities. Reimbursement on basis of all inclusive outpatient or clinic rate.

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15. Emergency Hospital Services-

Limited to services provided on an outpatient basis in public facilities including contract facilities. Reimbursement on basis of all inclusive outpatient or clinic rate.

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Supplement 1 to ATTACHMENT 4.19-B  
Page 1  
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## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Puerto Rico

### METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

#### Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item \_\_\_ of this attachment (see 3. below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR."
3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item \_\_\_ of this attachment, for those groups and payments listed below and designated with the letters "NR".
4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item \_\_\_ of this attachment (see 3. above).

Not Applicable

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Puerto Rico

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

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QMBs:           Part A \_\_\_\_ Deductibles \_\_\_\_ Coinsurance  
                  Part B \_\_\_\_ Deductibles \_\_\_\_ Coinsurance

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Other           Part A \_\_\_\_ Deductibles \_\_\_\_ Coinsurance  
Medicaid  
Recipients   Part B \_\_\_\_ Deductibles \_\_\_\_ Coinsurance

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Dual   --       Part A \_\_\_\_ Deductibles \_\_\_\_ Coinsurance  
Eligible  
(QMB Plus)   Part B \_\_\_\_ Deductibles \_\_\_\_ Coinsurance

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Not Applicable

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Puerto Rico

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Not Applicable

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